

CASUALTY ASSISTANCE CALLS PROGRAM

TO: NAVY PERSONNEL COMMAND (PERS-623)		RCS: BUPERS 1770-1	
VIA: CAC/FHS COORDINATOR		DATE:	
<p>A casualty assistance call was made and assistance rendered as indicated. The next of kin was requested to advise or contact me or my successor on any matter where difficulty is encountered and to advise when all payments for claims, benefits or rights are received. BUPERS and the cognizant CACO Coordinator will be advised when the case is closed. List an asterisk (*) beside any item to indicate the placement of comments in the Remarks Section.</p>			
NAME OF DECEASED:		RANK/RATE:	SSN:
			DATE OF DEATH:
NAME AND RELATIONSHIP OF PERSON BEING ASSISTED:		ADDRESS OF PERSON BEING ASSISTED:	
DATE BUPERS BENEFITS LETTER RECEIVED:	DATE LETTER OF CIRCUMSTANCES RECEIVED:		DATE AND TIME OF PERSONAL NOTIFICATION:
SUBJECT		ACTION (AS APPROPRIATE)	
		<small>DATE APPLIED FOR</small>	<small>DATE RECEIVED</small>
		<small>N/A</small>	
1.	REPORT OF CASUALTY (DD FORM 1300) (FURNISHED TO NEXT OF KIN AND OTHER AGENCIES)		
CLAIMS AND APPLICATIONS SUBMITTED			
2.	BURIAL ENTITLEMENTS: A. NAVY B. SOCIAL SECURITY ADMINISTRATION		
3.	DEATH GRATUITY		
4.	UNPAID COMPENSATION (UNPAID PAY AND ALLOWANCES)		
5.	SURVIVOR BENEFIT PLAN ANNUITY (ALL ACTIVE DUTY DEATHS AND CERTAIN RESERVIST WHILE ON INACTIVE DUTY FOR TRAINING)		
6.	SERVICEMEMBER'S GROUP LIFE INSURANCE (OSGLI) CLAIM		
7.	COMMERCIAL LIFE INSURANCE APPLICATION (INDICATE IN REMARKS THE NAME OF THE COMPANY WHICH COMMERCIAL INSURANCE IS CARRIED)		
8.	UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD (DD FORM 1173) (MAY INCLUDE MEDICAL CARE, EXCHANGE AND COMMISSARY PRIVILEGES)		
9.	A. DEPENDENTS' TRAVEL 1. FUNERAL TRAVEL (SETTLE AT LOCAL PSD) 2. BEDSIDE TRAVEL (SEND TO PERS-623 FOR PAYMENT)		
10.	TRANSPORTATION OF HOUSEHOLD GOODS/PERSONAL EFFECTS		
11.	SOCIAL SECURITY SURVIVOR BENEFITS (CALL 1-866-777-7887 MON-FRI 7:00 A.M. TO 4:00 P.M. EST TO FILE FOR BENEFITS. HEARING IMPAIRED MAY CALL 1-866-545-7316 TO FILE FOR BENEFITS, SAME HOURS AS ABOVE)		

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12.	FINANCIAL COUNSELING			
13.	THRIFT SAVINGS PLAN REFUND			
14.	FLAG CASE			
VETERANS AFFAIRS (VA) BENEFITS				
15.	A. DEPENDENCY AND INDEMNITY COMPENSATION			
	1. SPOUSE			
	2. CHILDREN			
	3. PARENTS			
16.	GOVERNMENT HEADSTONE OR MARKER (APPLICATION NOT REQUIRED IF BURIAL IS IN NATIONAL CEMETARY)			
17.	MONTGOMERY GI BILL (MGIB) AND VETERANS EDUCATIONAL ASSISTANCE PROGRAM (VEAP)			
18.	PRESIDENTIAL MEMORIAL CERTIFICATE			
19.	VETERAN'S AFFAIRS (VA) EDUCATIONAL BENEFITS			
ASSISTANCE REQUIRED (INDICATE IN "REMARKS" TO WHOM REFERRED FOR ASSISTANCE)				
20.	GRIEF COUNSELING (SERVICE SUPPORT OR VA)			
21.	INCOME TAX (W-2 FURNISHED DIRECTLY TO NEXT OF KIN BY DFAS WITHOUT REQUEST UPON COMPLETION OF PROCESSING)			
22.	BANK ACCOUNTS, SAVINGS BONDS, SECURITIES, REAL ESTATE, WILL			
INVESTIGATIVE REPORTS REQUEST (AS APPLICABLE)				
23.	JAGMAN INVESTIGATION REPORT			
24.	NCIS INVESTIGATION REPORT			
25.	AIRCRAFT MISHAP INVESTIGATION REPORT			
26.	LINE OF DUTY INVESTIGATION (REQUIRED TO SATISFY ENTITLEMENT TO SBP AND DIC BENEFITS)			
<input type="checkbox"/> INITIAL <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL				
SPECIAL REQUEST MADE BY BENEFICIARY:				
ACTION TAKEN BY CACO (I.E., MILEAGE AND MANHOURS SPENT ON CASE):				
ACTION DESIRED BY NPC AS FOLLOWS:				

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GENERAL REMARKS (INCLUDE LIAISON AND CONTACTS WITH AGENCIES, INDIVIDUALS AND RELATIVES, COMMENTS, OBSERVATIONS, RECOMMENDATIONS AND COMMENTS OF NEXT OF KIN):

ADDRESS OF NEXT OF KIN:

☐ NO CHANGE ☐ NEW ADDRESS IS:

☐ E-MAIL:

**CACO DSN/COMMERCIAL
PHONE NUMBERS:**

**SIGNATURE AND RANK/RATE OF CACO MAKING
REPORT:**

ACTIVITY TO WHICH ATTACHED:

FIRST ENDORSEMENT

FROM:

TO: NAVY PERSONNEL COMMAND (PERS-623)

1. Forwarded.

DATE:

SIGNATURE: